

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040019

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 13 1962

1003

10517

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in lb <i>41 years</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>De Paul Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>7717 Lile Avenue</i>	
3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>BONFA</i> Last		4. DATE OF DEATH Month <i>October</i> Day <i>31</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-21-04</i>
9. AGE (last birthday) <i>58</i>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Barber</i>	
11. BIRTHPLACE (City and state or country) <i>Samo, Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Domenic Bonfa</i>		13b. MOTHER'S MAIDEN NAME <i>Scabelloni</i>	
14. NAME OF HUSBAND OR WIFE <i>Lillian Bonfa</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <i>no</i> unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Lillian Bonfa, 7717 Lile Ave.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hepatic coma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cirrhosis of Liver (Liemered)</i> DUE TO (c) <i>581.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs.</i> <i>8 yrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>7:00</i> a.m. p.m.	Month, Day, Year <i>19 59</i> to <i>1962</i> and last saw her alive on <i>10-31-62</i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>19 59</i> to <i>1962</i> and last saw her alive on <i>10-31-62</i> Death occurred at <i>7:00 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>D. Otter MD</i> (Degree or title)	
22b. ADDRESS <i>730 W. DIAMONT</i>		22c. DATE SIGNED <i>11-2-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov. 3, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR <i>Arthur H. Kimmel</i>	ADDRESS <i>3840 Lindell Blvd.</i>	25. DATE REGD. BY LOCAL REG. <i>NOV 2 1962</i>	26. REGISTRAR'S SIGNATURE <i>Loan H. ... MD</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Donald L. Cotten
730 Hadramont Ave.
2-4 PM Friday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ernie McComson

Licensed Embalmer No. 3565

P. O. Address 3840 1st Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.